

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year 2023-24	Business Unit 5225	Department California Department of Corrections and Rehabilitation / California Correctional Health Care Services	Priority No.
Budget Request Name 5225-203-BCP-2023-GB		Program 4650 – Medical Services, 4500 – Administration	Subprogram 4500035 – Support Services

Budget Request Description
 Comprehensive Employee Health Program

Budget Request Summary

The California Department of Corrections and Rehabilitation and California Correctional Health Care Services request 148.0 positions and \$22.7 million General Fund in 2023-24 and ongoing to maintain a comprehensive Employee Health Program to mitigate risks and drive compliance with federal and state regulations.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Project Approval Document:

Approval Date:

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Debra Amos-Terrell	Date 1/10/2023	Reviewed By Duane Reeder	Date 1/10/2023
Department Director Lara Saich	Date 1/10/2023	Agency Secretary Diana Toche	Date 1/10/2023

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

PPBA Allison Hewitt	Date submitted to the Legislature 1/10/2023
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A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) request 148.0 positions and \$22.7 million General Fund (GF) in 2023-24 and ongoing to establish a comprehensive Employee Health Program (EHP) to mitigate risks and ensure compliance with federal and state regulations. These resources will help to support continued compliance with California Department of Industrial Relations' Division of Occupational Health & Safety (Cal/OSHA); California Code of Regulations (CCR), Title 8, section 5199, Aerosol Transmissible Disease (ATD); and National Institute of Occupational Safety and Health (NIOSH) regulations.

B. Background/History

Although there are existing clinical health care resources for identification and management of communicable diseases that can be utilized within the CDCR/CCHCS resident population, a comparable system does not exist for employees. In order to bridge this gap, mitigate the spread of communicable diseases, and protect employee health and safety, CDCR/CCHCS began to perform oversight, specifically occupational health functions in relation to the COVID-19 Pandemic. Given the primary initial focus of EHP was COVID-19, the EHP was supported through annual COVID-related appropriations.

In order to manage the COVID-19 pandemic/endemic, support responsiveness to other potential areas of concern, and fully comply with existing federal and state occupational regulations, the department requests authority for 148 permanent positions and associated funding. These resources are critical to the safety of employees, incarcerated individuals, and the communities in which employees reside.

Cal/OHSA, Title 8 Regulatory Requirements

Regulation Section	Regulation Title
§5199	Aerosol Transmissible Diseases
§5193	Bloodborne Pathogens
§5160	Scope and Application for Control of Hazardous Substance Safety
§5144	Respiratory Protection
§5147	Respiratory Protection for Mycobacterium tuberculosis
§5141	Control of Harmful Exposure to Employees
§5110	Repetitive Motion Injuries
§5120	Health Care Worker Back and Musculoskeletal Injury Prevention
§3400	Medical Services and First Aid
§3395	Heat Illness Prevention in Outdoor Places of Employment
§3380	Personal Protective Devices
§3205	COVID-19 Prevention & Outbreak Management
§3203	Injury and Illness Prevention Program

Title 8 requires employers to implement effective safety measures to protect employees from hazards in the workplace so that employees can provide critical services without unreasonably jeopardizing their health or the health of incarcerated individuals. CDCR/CCHCS employees are exposed to continuous public health risks due to constant movement between communities and correctional facilities.

CDCR/CCHCS recognizes the need to comply with Title 8, section 5199, ATD, which requires adoption, implementation, and maintenance of: (1) a statewide ATD policy; (2) individualized ATD Plans for each correctional institution; and (3) provisions to offer vaccinations against communicable diseases for all correctional health care and CDCR/CCHCS employees. ATD requirements provide mitigation and protection of aerosolized diseases, such as tuberculosis (TB), influenza, COVID-19, meningitis, varicella, mumps, monkey pox (MPX), measles, etc. In addition, Cal/OSHA standards for bloodborne pathogens (BBP, 29 Code of Federal Regulations [CFR]

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1910.1030) and personal protective equipment (PPE, 29 CFR 1910, subpart I) require employers to protect workers from occupational exposure to infectious agents. The BBP standard applies when workers have occupational exposure to human blood or other potentially infectious materials, as defined in paragraphs (a) and (b) of the BBP standard. In the CDCR/CCHCS environment, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome, Hepatitis B and Hepatitis C directly relate to this standard and are of great concern. An EHP is needed to develop, implement, and maintain standardized programmatic structures to meet these regulations and provide a safe work environment.

Title 8 and Chapter 84, Statutes of 2020 (Assembly Bill 685) require CDCR/CCHCS to conduct real-time monitoring through contact tracing and case investigations. These tracing, investigation, and notification practices must occur when there is information of employee exposure to a (potential or confirmed) communicable disease. Exposure may occur through resident contact, or a reported (actual or potential) co-worker exposure. In the case of the latter, exposure could be from within the workplace, home, or the community at large. The objective of the case investigation is to assure that all potentially affected employees receive appropriate and timely notification, treatment, and/or guidance, regardless of the source of the exposure.

The approval of onsite occupational health care professionals within EHP will help mitigate incidents and proactively monitor compliance on an ongoing basis. EHP will intervene and initiate appropriate protocols when employees are exposed or confirmed to have a communicable disease. Protocols may include: referral to an appropriate physician, assessment and intervention by EHP nursing staff, screening, and/or testing. EHP will act as a consultative conduit to established Workers Compensation (WC) and Return-to-Work (RTW) programs to ensure clinical data and interventions are documented and included in the employee health record to meet Cal/OSHA requirements.

According to existing Cal/OSHA regulations, regardless of what an employee's job responsibilities may be, staff are entitled to work in a safe and healthy environment. The NIOSH five elements (see diagram below) form the cornerstone of any EHP (e.g., U.S. Office of Personnel Management). As an employer, CDCR/CCHCS recognizes it has a clear and direct obligation to implement protective measures in the workplace, which requires dedicated permanent funding and the complement of various disciplines working together.

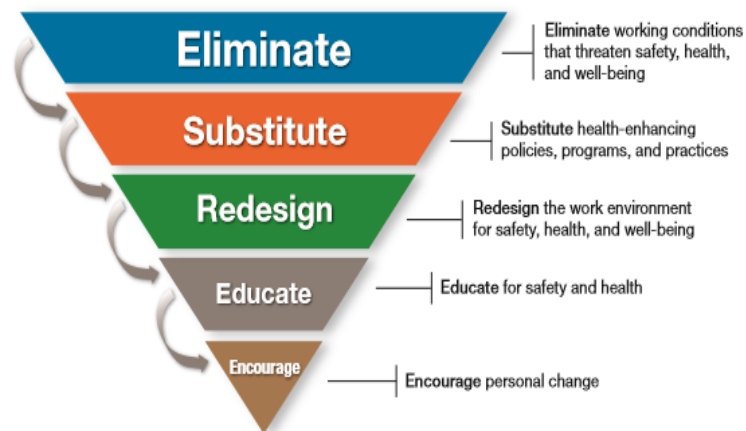


Figure 1. Hierarchy of Controls Applied to NIOSH Total Worker Health

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Resource History

(Dollars in thousands)

Program Budget	PY – 4*	PY – 3*	PY – 2*	PY-1**	PY**	CY**
Authorized Expenditures	\$3,161	\$3,178	\$5,722	\$276,251	\$226,648	\$83,689
Actual Expenditures	\$3,161	\$3,178	\$5,722	\$276,251	\$226,648	\$83,689
Authorized Positions	2	2	2	2	2	2
Filled Positions	2	2	2	2	2	2
Vacancies	0	0	0	0	0	0

* PY-4, PY-3, and PY-2 includes positions and funding for TB testing, flu vaccination administration, etc..

** PY-1, PY, and CY includes temporary COVID-19 expenditure funding.

Workload History

Workload Measure	PY – 4	PY – 3	PY – 2	PY-1	PY	CY
Staff TB Tests/Screening	53,059	55,293	55,862	53,564	55,382	55,382
Staff Flu Vaccinations	11,971	11,817	12,056	11,817	10,760	10,760
COVID Staff Tests	0	0	13,492	1,731,429	1,835,216	483,085
COVID Vaccinations	0	0	0	67,374	32,263	2,029

C. State Level Consideration

The Cal/OSHA ATD regulation was adopted in 2009 to protect employees who are at increased risk of contracting certain airborne and droplet transmitted communicable diseases in the workplace (i.e., influenza, meningitis, TB, pertussis, varicella, measles, MPX, mumps, COVID-19, etc.) and is codified in CCR, Title 8, section 5199, ATD. The COVID-19 pandemic uncovered previously unrecognized gaps at CDCR/CCHCS necessitating an emergent implementation.

Continuation of the EHP is consistent with and responsive to the SMARTER Plan.

D. Justification

CDCR/CCHCS has a significant workforce and is responsible for the safe and effective operation of state prisons, along with fire camps, parole operations, and field offices that operate 24-hours a day, seven days a week. A prison is a congregate living environment, where communicable diseases are known to spread easily and with great speed. Unintentional spread of a communicable disease by and to employees significantly impacts their respective family members and the public within their local communities. Compliance with state and federal regulations is essential for a workforce with such an exceptionally important statewide public safety obligation, and because CDCR/CCHCS is one of the state's largest employers, and most geographically dispersed, the potential impact of its operations extends into nearly all regions of the state.

A permanently funded EHP will assist CDCR/CCHCS in meeting regulatory obligations and protecting employees, incarcerated individuals, and communities. The resources requested will

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move CDCR/CCHCS towards meeting compliance with Cal/OSHA regulations and decreases the risk of future citations, injuries, illnesses, and death.

Overall EHP Scope and Goals

Services provided at adult institutions, Headquarters (HQ), regional field offices, Galt Corrections Academy, and Division of Adult Parole (DAPO) will require the temporary EHP personnel year (PY) resources to become permanent in order to continue compliance. These services include:

- Complying with state and local public health agencies on community impact of CDCR/CCHCS outbreaks.
- Complying with public health regulatory reporting.
- Providing employee health case management.
- Serving as an advocate for employee concerns regarding health and safety in the workplace.
- Advising and providing individualized education to employees who test positive for and those exposed to a communicable disease.
- Monitoring and intervention related to blood and bodily fluid exposures.
- Performing case investigations and determining the extent and impact of positive employee cases for mitigating communicable disease transmission.
- Overseeing contact tracing, establishing exposure, and linking known positive employee cases and potentially exposed employees and incarcerated individuals.
- Overseeing and performing specimen collection for rapid antigen testing and polymerase chain reaction testing.
- Conducting daily institutional public health huddles and determining potential transmission of disease to/from employees and incarcerated individuals.
- Initiating, facilitating, and driving individualized outbreak mitigation and interventions at CDCR/CCHCS workplaces.
- Memorializing and providing employee outbreak summary information, data, and additional documentation to stakeholders as requested.
- Developing and providing educational resources to employees and CDCR/CCHCS leaders.
- Overseeing and providing employee vaccine administration.
- Providing PPE fit testing support.
- Notifying hiring authorities of potential areas of transmission.
- Tracking employee vaccination/declination requirements and PPE fit testing compliance statewide.
- Partnering with regional and institution leaders in tracking staff testing accountability.
- Tracking outbreak employee-linkage statewide.
- Providing location based cluster/epidemiologically-linked response testing.
- Documenting and maintaining accurate real-time employee health records.
- Recordkeeping (e.g., daily notes, computerized recordkeeping, employee requests for health information, OSHA 300 log).
- Collaborating with Human Resources/RTW for leaves of absence and regulatory compliance with State Compensation Insurance Fund (SCIF) (WC) documentation.

A permanently funded EHP will implement standardized programmatic structures across all institutions and standardized programmatic processes for regional field offices, HQ, Galt Correctional Academy, and DAPO, with the immediate goal to improve the safety of the work environment and ensure compliance with existing laws, thereby decreasing future citations and penalties. The long-term goals of this statewide program will be to mitigate risk through proactive occupational safety measures that reduce work-related health injuries and exposures, ensure regulatory compliance with federal, state, and local requirements, and protect employee health. Implementation of a permanently funded EHP is intended to:

- Establish and maintain health-enhancing policies, programs, protocols, and practices.
- Reduce fines from regulatory agencies (e.g., Cal/OSHA).
- Reduce workplace injury/illness rates.

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- Improve employee satisfaction, engagement, and retention.
- Demonstrate leadership commitment to employee safety and health at all levels of the organization.
- Eliminate or reduce safety and health hazards and promote employee health.
- Promote and support employee engagement.
- Ensure confidentiality and privacy of employees.
- Integrate relevant systems to advance employee health.

If the EHP is not permanently funded, CDCR/CCHCS will not have sufficient resources to redirect to continue to support operation of the program. The operation of EHP will also help limit instances in which CDCR/CCHCS may be found to be non-compliant with regulatory requirements. The continuation of EHP also has the potential to mitigate the following risks: increased transmission of communicable diseases among employees and incarcerated individuals; and increased operational costs due to resident illnesses and employee absences. The support provided by the EHP during the course of the pandemic is a clear illustration of the criticality of this program with regard to protecting the health and safety of staff as well as incarcerated individuals.

In order to be best-positioned to protect staff and incarcerated individuals, CDCR/CCHCS must have licensed occupational professionals available to implement proactive measures to prevent, respond to, and mitigate potential health issues and concerns, and to help achieve compliance with regulations and their intended obligations. The permanently funded EHP will be responsible for full implementation of Cal/OSHA laws and regulations related to ATDs for CDCR/CCHCS' approximately 60,000 employees.

Although COVID-19 is the most recent health threat, it will certainly not be the last. The Epidemic Intelligence Service (a distinct part of the Centers for Disease Control and Prevention) has surveilled significant communicable diseases since its inception in 1951 across time. Of particular concern are the increasing number of airborne and droplet transmitted diseases, including the most recent, MPX. CDCR/CCHCS must remain prepared to respond to emerging health threats, consistent with the directives of the SMARTER Plan.

The EHP will be prepared to respond seamlessly and timely to any future opportunistic infections and mitigate negative impacts immediately. The EHP will reside within CCHCS' Nursing Services and will consist of the following teams.

Program Management Team (PMT) (7.0 PYs)

EHP requests 7.0 PYs for program administration. This team is responsible for statewide programmatic development, implementation, oversight, and sustainability. The PMT will monitor compliance with current and future contracts, state and federal regulations, and local public health standards. Goals will align strategic priorities to CDCR/CCHCS goals, develop standardized processes, and emphasize evidence-based policies, procedures, and protocols. Guidance and direction will be provided to institutional leaders regarding obligations to worker safety and health (at all levels of the organization), promoting elimination and/or reduction of workplace hazards, compliance with confidentiality laws for protected employee health information, close collaboration with California Department of Public Health (CDPH), California Reportable Disease Information Exchange, and CCHCS Public Health. Analysis of performance will evaluate the degree to which the organization's management of employee health meets industry standards and Occupational Health guidelines and laws.

Program Review Team (PRT) (9.0 PYs)

EHP requests 9.0 PYs to provide statewide programmatic review and ensure a sustained and standardized implementation of program policies and procedures. The PRT will provide clinical and legal guidance to institutional EHP staff through training and ensure staff competence with best practices, mitigating communicable diseases, public health, employee care management and regulatory occupational health, safety, illness, and injury compliance standards. These positions monitor quality data, provide program specific reports, and conduct root cause analysis for

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corrective action plan development, when needed. These positions are instrumental to facilitating discussion and collaboration between EHP, public health, and institutional leadership. They will provide recommendations for continuous quality improvement and sustainability of EHP by ensuring program integrity and researching current and future trends for best practice opportunities.

EHP Institution-based Core Teams (132.0 PYs)

EHP requests 132.0 PYs for Institution-based Core Teams. The EHP core teams are the point of care providers that directly interface with employees to provide intervention on matters of occupational health and/or injury. This core team is distributed into local teams comprised of clinical and analytical staff at each of the CDCR/CCHCS adult correctional institutions.

The EHP core team is responsible for implementing and evaluating occupational health and safety standards, rapidly identifying employees who are at occupational risk, and intervening appropriately to decrease the likelihood of occupational illness and/or injury. EHP core team members collaborate with and inform RTW and public health partners of evolving illness/injury trends and impacts. In addition, the EHP core team ensures there is no lapse of care with the medical questionnaire, quantitative fit testing, and medical evaluation processes. They work closely with employee vendors to ensure service access and inform EHP leadership of challenges and potential solutions at the point of care. Additionally, they will provide critical analysis and develop reports for regulatory and other outside agencies (e.g. county public health, SCIF, etc.), monitor testing data, validate registries, evaluate and obtain appropriate clinical supply inventory, and address supply chain issues. This presence is essential to provide a reliable interface and point of contact for local institutions.

CDCR Contract Redirection

CDCR will transfer \$2.8 million of funding associated with various employee contracted services, including TB testing, Hepatitis B vaccination, and influenza vaccination processes. In addition to the redirected contracted funding, CDCR will transfer 2.0 positions and associated funding to CCHCS in order to maintain the contracts and ensure that the contracted services are delivered in a timely manner. EHP will have responsibility for the administration and management of these efforts and provide oversight and reporting as necessary.

E. Outcomes and Accountability

Projected outcomes with a permanently funded EHP are as follows:

- Facilitation of timely medical attention related to occupational exposure, illnesses, and injury.
- Surveillance, screening, testing, and contract management for communicable diseases (e.g. TB, COVID-19, varicella, etc.).
- Vaccination education and offering (including declination) and contract management for communicable diseases as reflected in federal, state, and local agency regulations (Refer to pathogens and diseases under section B of this document).
- Increased availability of staff at work through decreased RTW off time.
- Decreased federal, state, and local regulatory citations and costly fines.

F. Analysis of All Feasible Alternatives

Alternative #1

Approve 148.0 permanent positions and \$22.7 million GF in 2023-24 and ongoing to establish a comprehensive EHP to ensure compliance with Cal/OSHA, CCR, Title 8 and NIOSH regulations. This would allow for the EHP to service employees at the institutions and the Galt Corrections Academy, DAPO, HQs, and regional field offices.

Pros:

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- Establishes an EHP for adult institutions with support to Galt Corrections Academy, DAPO, HQ, and regional field offices.
- Ensures communicable disease case investigation, contact tracing, and testing of employees are available seven days a week.
- Provides employees ready access to occupational health intervention.
- Commits resources to continue the work to allow the organization to be proactive and promote compliance with OSHA regulations and standards.
- Mitigates the spread and outbreak of communicable diseases such as COVID-19, TB, etc. in CDCR/CCHCS workplaces and general public.
- Reduces the spread of ATDs and ATD outbreaks in the CDCR/CCHCS workplaces and the public.
- Remediate issues identified in Cal/OSHA citations and fines.
- Reduces burdens associated with management of WC claims.
- Mitigates labor organization disputes and other legal risks related to failure to meet employer obligations for workplace safety.
- Enhances the image/reputation of the State of California correctional system as an employer of choice.

Cons:

- Impact to the GF.

Alternative #2

Do not approve.

Pros:

- No impact on the GF.

Cons:

- No funded EHP resources statewide.
- No management of communicable diseases within CDCR/CCHCS employee population.
- No bridge between employee and resident identified cases/outbreaks.
- No institutional case investigations.
- Lack of employee access to occupational health interventions.
- Discontinuation of the proactive work to promote compliance with Cal/OSHA regulations and standards and support remediation and response to citations and fines.
- Communicable diseases may spread, resulting in outbreaks in the workplace and exposure to residents (COVID-19, TB, etc.).
- No availability to continue mitigation with labor organization disputes and other legal risks related to failure to meet employer obligations for workplace safety.

G. Implementation Plan

Upon approval of the 2023 Budget Act, recruitment will begin with establishment of the permanent positions, effective July 1, 2023.

For 2023-24, EHP's goal is to maintain compliance with mandated health and safety regulations, develop a comprehensive program to reduce workplace hazards, and to promote worker health and well-being.

H. Supplemental Information

Attachment A – Transmissible Pathogens and Diseases

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I. Recommendation

Alternative #1. Approve 148.0 positions and \$22.7 million GF in 2023-24 and ongoing to establish a comprehensive EHP to ensure compliance with Cal/OSHA, CCR, Title 8 and NIOSH regulations.

BCP Fiscal Detail Sheet

BCP Title: Comprehensive Employee Health Program

BR Name: 5225-203-BCP-2023-GB

Budget Request Summary

Personal Services

Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Positions - Permanent	0.0	148.0	148.0	148.0	148.0	148.0
Total Positions	0.0	148.0	148.0	148.0	148.0	148.0
Earnings - Permanent	0	14,822	14,822	14,822	14,822	14,822
Total Salaries and Wages	\$0	\$14,822	\$14,822	\$14,822	\$14,822	\$14,822
Total Staff Benefits	0	7,055	7,055	7,055	7,055	7,055
Total Personal Services	\$0	\$21,877	\$21,877	\$21,877	\$21,877	\$21,877

Operating Expenses and Equipment

Operating Expenses and Equipment	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5301 - General Expense	0	56	56	56	56	56
5302 - Printing	0	23	23	23	23	23
5304 - Communications	0	38	38	38	38	38
5306 - Postage	0	9	9	9	9	9
5308 - Insurance	0	1	1	1	1	1
5320 - Travel: In-State	0	84	84	84	84	84
5322 - Training	0	25	25	25	25	25
5324 - Facilities Operation	0	102	102	102	102	102
5326 - Utilities	0	4	4	4	4	4
5340 - Consulting and Professional Services - Interdepartmental	0	4	4	4	4	4
5340 - Consulting and Professional Services - External	0	14	14	14	14	14
5368 - Non-Capital Asset Purchases - Equipment	0	474	171	171	171	171
539X - Other	0	20	20	20	20	20
Total Operating Expenses and Equipment	\$0	\$854	\$551	\$551	\$551	\$551

Total Budget Request

Total Budget Request	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Total Budget Request	\$0	\$22,731	\$22,428	\$22,428	\$22,428	\$22,428

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Fund Summary

Fund Source

Fund Source	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
State Operations - 0001 - General Fund	0	22,731	22,428	22,428	22,428	22,428
Total State Operations Expenditures	\$0	\$22,731	\$22,428	\$22,428	\$22,428	\$22,428
Total All Funds	\$0	\$22,731	\$22,428	\$22,428	\$22,428	\$22,428

Program Summary

Program Funding

Program Funding	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
4500035 - Support Services	0	-3,252	-3,252	-3,252	-3,252	-3,252
4650012 - Medical Administration-Adult	0	6,335	6,299	6,299	6,299	6,299
4650014 - Medical Other-Adult	0	19,648	19,381	19,381	19,381	19,381
Total All Programs	\$0	\$22,731	\$22,428	\$22,428	\$22,428	\$22,428

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Personal Services Details

Positions

Positions	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2023)	0.0	39.0	39.0	39.0	39.0	39.0
7374 - Medical Assistant (Eff. 07-01-2023)	0.0	33.0	33.0	33.0	33.0	33.0
8241 - Receiver's Nurse Exec (Safety) (Eff. 07-01-2023)	0.0	2.0	2.0	2.0	2.0	2.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0.0	4.0	4.0	4.0	4.0	4.0
8338 - Hlth Program Spec I (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
8429 - Hlth Program Mgr III (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
9275 - Registered Nurse - CF (Eff. 07-01-2023)	0.0	66.0	66.0	66.0	66.0	66.0
Total Positions	0.0	148.0	148.0	148.0	148.0	148.0

Salaries and Wages

Salaries and Wages	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2023)	0	49	49	49	49	49
4800 - Staff Svcs Mgr I (Eff. 07-01-2023)	0	91	91	91	91	91
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2023)	0	3,043	3,043	3,043	3,043	3,043
7374 - Medical Assistant (Eff. 07-01-2023)	0	1,686	1,686	1,686	1,686	1,686
8241 - Receiver's Nurse Exec (Safety) (Eff. 07-01-2023)	0	424	424	424	424	424
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0	642	642	642	642	642
8338 - Hlth Program Spec I (Eff. 07-01-2023)	0	85	85	85	85	85
8429 - Hlth Program Mgr III (Eff. 07-01-2023)	0	115	115	115	115	115
9275 - Registered Nurse - CF (Eff. 07-01-2023)	0	8,687	8,687	8,687	8,687	8,687
Total Salaries and Wages	\$0	\$14,822	\$14,822	\$14,822	\$14,822	\$14,822

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Staff Benefits

Staff Benefits	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5150450 - Medicare Taxation	0	215	215	215	215	215
5150500 - OASDI	0	249	249	249	249	249
5150600 - Retirement - General	0	3,299	3,299	3,299	3,299	3,299
5150800 - Workers' Compensation	0	556	556	556	556	556
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	344	344	344	344	344
5150900 - Staff Benefits - Other	0	2,392	2,392	2,392	2,392	2,392
Total Staff Benefits	\$0	\$7,055	\$7,055	\$7,055	\$7,055	\$7,055

Total Personal Services

Total Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Total Personal Services	\$0	\$21,877	\$21,877	\$21,877	\$21,877	\$21,877

Attachment A
Transmissible Pathogens & Diseases

List of Cal/OSHA Title 8; §5193 *Bloodborne Pathogens*

Names of Bloodborne Pathogens (include but not limited to...)
Definition: Pathogenic microorganisms that are present in human blood and can cause disease in humans.
Hepatitis B Virus (HBV)
Hepatitis C Virus (HCV)
Human Immunodeficiency Virus (HIV)

List of Cal/OSHA Title 8; §5199 *Aerosol Transmissible Diseases*

Name of Aerosol Transmissible Diseases and Pathogens (includes but is not limited to...)
Definition: Airborne infectious pathogen (AirIP). Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends or (2) a novel or unknown pathogen for which there is no evidence to rule out with reasonable certainty the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.
Anthrax/Bacillus anthracis
Avian influenza and associated strains
Varicella (chicken pox/shingles) including Varicella zoster and Herpes zoster viruses
Measles (rubeola)
Monkeypox virus
Novel or unknown pathogens
Severe acute respiratory syndrome (SARS)
Smallpox (variola)
Tuberculosis (TB)/ Mycobacterium tuberculosis
Diphtheria pharyngeal
Haemophilus influenzae type b (Hib)
Influenza
Meningitis
Neisseria meningitides
Mumps (infectious parotitis)
Mycoplasmal pneumonia
Parvovirus B19 (erythema infectiosum)
Pertussis (whooping cough)
Adenovirus
Orthomyxoviridae

Name of Aerosol Transmissible Diseases and Pathogens (includes but is not limited to...)
Epstein-Barr virus
Herpes simplex
Streptococcus Group A
Pneumonic plague
Yersinia pestis
Rubella virus (German measles)
Scarlet Fever
Lassa
Ebola
Marburg
Crimean-Congo Fever viruses
Any other disease or pathogen which public health guidelines recommend droplet precautions.
Means of Transmission (include but not limited to...)
Feces
Urine
Semen
Vaginal secretions
Cerebrospinal fluid
Synovial fluid
Pleural fluid
Pericardial fluid
Peritoneal fluid
Amniotic fluid
Saliva
Vomitus
Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
Cell, tissue, or organ cultures from humans or experimental animals
Culture medium or other solutions
Bio-hazardous waste (including sharps, etc.)
Laboratory Specimens and Other Potentially Infectious Material (OPIM)